

SUPERVISOR'S INSTRUCTIONS

Assisting the Injured Employee

1. An employee who is injured at work must immediately report the incident to their supervisor.
2. The supervisor is required to:
 - Obtain immediate medical attention for the injured worker: Call the physician or medical facility prior to the employee's arrival, alert the staff of the injury/illness and approximate arrival time;
 - Follow company requirement for reporting job related injuries and illnesses;
 - Complete an incident investigation report.
3. The supervisor and injured worker review information received from the doctor and jointly determine if appropriate work is available.
4. Following an injured workers' return to work, the supervisor or the workers compensation contact monitors the injured workers' progress to assure that restrictions are carefully followed and assist to resolve any difficulties.
5. The injured worker must immediately report any difficulties with performing assigned work. Supervisor and injured worker work to address the problem.

The Investigation Report

The purpose of this form is to determine what actions are needed to eliminate or control the hazards that have caused the accident. The information gathered will guide your staff in developing safety consciousness and knowledge of safe conditions and safe work methods. If you are not aware of the circumstances surrounding the injury, you should consult with the employee in order to complete the investigation report accurately.

The statements made in this report are very important and should not contain phrases as "Employee should be more careful." As the supervisor, you should make the appropriate corrective recommendations for each accident such as "Notified the appropriate employee to place caution signs in the area when floors are wet."

After you complete the investigation report, return it to the workers' compensation contact within 24 hours of the employee's work-related injury.

If you have any questions or concerns, call Denise Moore, the workers' compensation contact at 515-957-3412.

SUPERVISORS INVESTIGATION REPORT

Name of Injured Employee	Date
Job Title and Department	
Date and Time of Injury	Type of Injury
Medical Facility	

What was the employee doing when injured? Where in the facility/job site did the accident happen?

Describe what happened: _____

What corrective steps will be done (or could be done) to prevent recurrence? _____

Was the employee working at designated job? Yes ☐ No ☐

Is there modified duty available for the injured worker? Yes ☐ No ☐

Has the injured employee returned to work? Yes ☐ No ☐ If so, what date? _____

Supervisor's Signature

Date

Reviewed by Workers' Compensation Contact

Date

Comments: _____

Return completed form within 24 hours of the accident to the workers' compensation contact.